

MDR Tracking Number: M4-03-6598-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3-24-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 97546WH.

II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-25-02 4-26-02	97546WH (6)	\$75.00 X 6 = \$450.00	\$51.20 X 6 = \$307.20	FN	\$51.20/hr X 6 = \$307.20	Medicine GR (II)(E)	Carrier paid for service. No dispute exists.

The above Dismissal is hereby issued this 3rd day of January 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division